

## DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1329
Logged In	
Scanned	
Computer	WRS
Audited	2-29-05

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Rasmussen For Iowa House

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other  
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political  
 Subdivision PAC (11) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Dan Rasmussen

Political Party (If applicable)

Republican

Office Sought

State Representative

District (If Senate or House)

House District 23

Late reports are subject to  
possible civil and criminal  
penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

(report date)

FEB 7 2005

pm 2:4

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☒ 1☒ CHECK IF AMENDMENT TO REPORT DATED

1/12/05

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount MUST be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

11,328.84

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see In-kind below)

1352.72

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

12,681.56

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,094.90

Schedule F: Loan Repayments total (Attach Schedule F)

5,000.00

CASH ON HAND at the end of this reporting period (If final report balance must  
be zero) (Attach DR-3)

6,586.66

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

999.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

- 0 -

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

- 0 -

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Rasmussen for Iowa House

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/04/04	NFIB 1201 F. Street NW, Suite 200 Washington, DC 20004		Letters	\$ 40.33	<input type="checkbox"/>
11/10/04	Republican Party of Iowa 621 East 9th Des Moines, Iowa 50309		Telephone Calls	51.93	<input type="checkbox"/>
11/15/04	Republican Party of Iowa 621 East 9th Des Moines, Iowa 50309		Telephone Calls	236.74	<input type="checkbox"/>
11/18/04	Republican Party of Iowa 621 East 9th Des Moines, Iowa 50309		Radio ad	300.00	<input type="checkbox"/>
12/30/04	REPUBLICAN PARTY OF IOWA 621 EAST 9TH DES MOINES, IA 50309		MEDIA PRODUCTION	370.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 999.00

TOTAL (if last  
page of this  
schedule) \$ 999.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

**DISCLOSURE SUMMARY PAGE**

Reset Form

**FORM****DR-2**DISCLOSURE  
REPORT

(Rev. 07/2004)

**COMMITTEE NAME** (Must be same as on Statement of Organization)Friends of Rasmussen For Town House

IMPORTANT: Indicate by # type of committee you are reporting for: FILED  
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other  
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political  
 Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Dan Rasmussen

Political Party (if applicable)

Republican

Office Sought

State Representative

District (if Senate or House)

House District 23**For Office Use Only**Comm. # 1329Logged In 0

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

Late reports are subject to  
possible civil and criminal  
penalties.

**SIGNATURE OF PERSON FILING REPORT****TELEPHONE****DATE SIGNED**

I AM FILING A Oct 27 - Dec 31 2004 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.  
 (report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

\$ 11,328.84**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) .....

1352.72

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....\$

12,681.56**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)....

1,094.90

Schedule F: Loan Repayments total (Attach Schedule F) .....

5,000.00

**CASH ON HAND** at the end of this reporting period (if final report balance must  
be zero) (Attach DR-3) .....

\$ 6,586.66**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) .....

\$

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) .....

\$

629.00**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) .....

\$

- 0 -**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)

☐ YES ☒ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

- 0 -

For Instructions, See Back of Form

# CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Friends of Ramsey for Iowa House*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/27/04	ID# 6160 CK# 2169	Iowa Independent Bankers 1603 22nd Street Suite 202 West Des Moines, Iowa 50266		\$ 200 <sup>00</sup>	
10/27/04	ID# 60341743 CK# 4126	Volunteer Pac P.O. Box 158552 Nashville TN. 37215		500 <sup>00</sup>	
10/29/04	ID# CK# 4886	Betty Cannon 2459 27th St Rowley, Iowa 52329		100 <sup>00</sup>	
10/29/04	ID# CK#	Norman Kistling 286521 170th St Stockport Iowa		50 <sup>00</sup>	
11/06/04	ID# CK#	Buchanan County Republicans 2305 170th St Independence, Iowa 50644		500 <sup>00</sup>	
12/15/04	ID# CK#	Victory Enterprises, Inc 8200 SW 36th St Davenport, Iowa 52802	(Refund of overpayment)	2.72	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$

TOTAL (if last page of this schedule)

\$ 1352.72

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Rasmussen for Iowa House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/27/04	ID# CK#	United Methodist Church 312 2nd St SE Independence, Iowa 50644	Harvest Dinner	\$ 13.00
11/05/04	ID# CK#	American Legion Independence, Iowa 50644	Dinner - Fish Fry	12.00
11/06/04	ID# CK#	Hy Vee College Square Mall Cedar Falls Iowa 50613	Appreciation Dinner Cake + Accessories	45.63
11/06/04	ID# CK#	Bills Pizzeria Smokehouse 201 1st SW Independence, Iowa 50644	Appreciation Dinner for workers on campaign	554.40
11/24/04	ID# CK# 664	State of Iowa 510 East 12th Suite 114 Des Moines, Iowa 50319	Penalty for late filing	200.00
12/7/04	ID# CK# 665	Treasurer State of Iowa State Capitol Des Moines Iowa 50319	Lapel pins for school children, Boy Scouts	50.00
12/08/04	ID# CK# 666	Randy Ratchford 2511 Brandon Diagonal Blvd Independence, Iowa 50644	Post for signs	120.00
12/15/04	ID# CK# 667	Treasurer State of Iowa State house Des Moines, Iowa 50319	Name badge	4.95
SUB-TOTAL				\$ 999.98
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Friends of Resmussen For Iowa House*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
12/20/04	ID# CK# 668	Waterloo Courier P.O. Box 644018 Cincinnati OH 45264	Newspaper Subscription	\$ 88.92
	ID# CK#			
10/6/04	ID# CK#	AMERICAN LUTHERAN CHURCH 801 MONROE ST LA PORTE CITY, IOWA 50651	CORRECTED AMOUNT	( <del>\$ 7.00</del> ) 13.00 6.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 94.92
TOTAL (if last page of this schedule)				\$ 1094.90

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Rasmussen for Iowa House

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/04/04	NFIB 1201 F. Street NW, Suite 200 Washington, DC 20004		Letters	\$ 40.33	<input type="checkbox"/>
11/10/04	Republican Party of Iowa 621 East 9th Des Moines, Iowa 50309		Telephone Calls	51.93	<input type="checkbox"/>
11/15/04	Republican Party of Iowa 621 East 9th Des Moines, Iowa 50309		Telephone Calls	236.74	<input type="checkbox"/>
11/18/04	Republican Party of Iowa 621 East 9th Des Moines, Iowa 50309		Radio ad	300.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (if last page of this schedule)

\$ 629.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Rasmussen For Iowa House

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 5,000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
09/17/01	Dan Rasmussen 1310 8th Ave NE Independence, Iowa 50644	Self	\$5000.00
	Previously Reported		

TOTAL (PART I) \$ 5,000.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
11/08/04	Dan Rasmussen 1310 8th Ave NE Independence, Iowa 50644	Self	\$5000

TOTAL CASH REPAYMENTS (PART II) \$ 5,000.00

From Schedule E -- TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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